

GIRL SCOUTS OF WASHINGTON ROCK COUNCIL, INC.
201 Grove Street East, Westfield, New Jersey 07090
(908) 232-3236

Facility Use Rental Agreement Application for Non-Members

Applications may be sent in at any time. On November 1ST we begin processing requests for March through the end of June and on April 1ST for September through February. **Please Print.**

Name of Organization: _____

Adult in Charge: _____

Phone, Day () _____ Evening () _____

Address: _____

City _____ State _____ Zip _____

Troop/Group # _____ Leader/Adult in charge: _____

Circle Level: Daisy Brownie Junior Cadette Senior Adult

Grl Scouts of Washington Rock Council _____ Other Council: _____

Facility Requested:

Please indicate three choices for facilities and dates:

Facility	Fee	Facility	Fee
Heronwood	_____	Hickory Hill	_____
Evergreen	_____	Cedar Ridge	_____
Sinawik	_____	Birch Hollow	_____
Berry Hill	_____	Maple Glen	_____
Skytop	_____	Oak Knoll	_____
QT 1 3 4		Misty Knoll	_____
Vdhalla	_____		
Date	Time	Date	Time
Arrival _____	_____	Departure _____	_____
Arrival _____	_____	Departure _____	_____
Arrival _____	_____	Departure _____	_____

**** Race and disability information is requested to measure progress toward serving ALL girls. Please list number attending.**

Of Participants: Grls _____ Women _____ Boys _____ Men _____

Ethnic Background Alaskan/Native Amer. _____ Black _____ White _____

Per Group: Asian/Pacific Islander _____ also Hispanic/Spanish Origin _____

Disabilities: Mental _____ Hearing _____ Learning _____ Physical _____ Visual _____

Please circle your means of transportation: **Bus** **Car** **Van**

For the protection and well being of children and adults, Washington Rock Girl Scout Council expects competent supervision to be present, with at least one person trained in First Aid and CPR on the site at all times. One vehicle must be present for transportation in case of emergencies.

Adult(s) with Outdoor Training

Name _____ Phone _____

Name _____ Phone _____

Please attach copies of both sides of all training along with additional names and information

Adult(s) with First Aid and CPR Certification:

Name _____ Phone _____

Name _____ Phone _____

Expiration Date: _____ * Please attach copies of both sides of certifications along with the names and phone numbers of any additional persons with certification.

All activities require qualified adults. A qualified adult means someone having successfully completed a course approved by the Girl Scouts of Washington Rock Council. A schedule of future courses is available. In some cases alternate training is acceptable and qualifies an adult (over 18). Please contact us with any questions.

Additional Facilities Requested:

Name	Fee	Date(s)	Time	# Participants	Activity
Townley Hall (gym)					
Creation Studio					
Ropes Course (Challenge)					
Refrigeration					
Amphitheater					
Playfield					

1 Ropes Course Trained Facilitator is needed for every 15 participants

Ropes Course Trained Adult(s)

Name _____ Phone _____

Name _____ Phone _____

Please attach copies of training records. Please include additional names and records on attachment.

_____ I would like Girl Scouts of Washington Rock Council to contact me about providing ropes course facilitators. I will need _____ 1 _____ 2 _____ 3 _____ facilitator(s)

Waterfront Fee _____ Date _____ Time _____ # Participants _____

All groups using the waterfront must have a trained Waterfront Manager.

Trained Waterfront Manager

Name _____ Phone _____

Please attach a copy of training record.

_____ I would like Girl Scouts of Washington Rock Council to contact me about providing a trained Waterfront Manager.

Swimming Date _____ Time _____ # Participants _____

Please refer to the Swimming and Boating Standards for the number of certified lifeguards required

Boating Date _____ Time _____ # Participants _____

Please refer to the Swimming and Boating Standards for the number of lifeguards and boating instructors required.

I would like to reserve: Canoes Row Boats Funycks

Certified Boating Instructor

Name _____ Phone _____

Please attach copies of certification or documented experience along with additional names and information.

Certified Lifeguards (required to have Lifeguard Training, First Aid, CPR for the Professional Rescuer and the Waterfront Module)

Name _____ Phone _____

Name _____ Phone _____

Please attach copies of both sides of all certifications along with additional names and information.

_____ I would like Girl Scouts of Washington Rock Council to contact me about providing lifeguards and boating instructors. I will need 1 2 3 4 Lifeguard(s) 1 2 Boating Instructor(s)

Kitchen/Dining Hall # of Meas _____ # of Participants _____

Date _____ Breakfast • Lunch • Dinner • Evening •

Date _____ Breakfast • Lunch • Dinner • Evening •

Date _____ Breakfast • Lunch • Dinner • Evening •

Trained Kitchen/Dining Hall Manager

Name _____ Phone _____

Please attach a copy of training card.

_____ I would like Girl Scouts of Washington Rock Council to contact me about providing a Kitchen/Dining Hall Manager or Food Service Vendor.

Dining Hall (for program use)

Fee _____ **Date** _____ **Time** _____ **# of Participants** _____
Date _____ **Time** _____ **# of Participants** _____
Date _____ **Time** _____ **# of Participants** _____

(Organization) _____ will assume responsibility for the preservation of order in the sites and on the premises. Agrees to assume full liability for all and any damage to property during period of the event. Will assume responsibility for observing all municipal regulations and protecting the rights of individual property owners adjacent to the camp property.

Please provide a certificate of insurance with Girl Scouts of Washington Rock Council shown as certificate holder for the duration of your event. Minimum limits of \$300,000.00 in bodily injury and \$50,000.00 in property damage are required.

Any campfires will be confined to designated areas, and any State or Local fire bans will be strictly observed. Notification of any bans will be given.

(Organization) _____ will at all times indemnify and save harmless Girl Scouts of Washington Rock Council, Camp Lou Henry Hoover and all respective officers, agents and employees for any losses arising out of injury including death, sustained or alleged to be sustained by any person or to any property, real or personal in connection with the use of the premises by the organization.

The undersigned, as the representative for the designated party, hereby agrees to abide by the details and cautions as specified in this Reservation Agreement and in the general policies of Girl Scouts of Washington Rock Council and Camp Lou Henry Hoover.

Please enclose a **\$60.00 non-refundable deposit** (unless you cannot be placed) and mail to Camp Registrar, Girl Scouts of Washington Rock Council, Inc., 201 Grove Street East, Westfield, NJ 07090.

A Girl Scouts of Washington Rock Council troop/group that does not participate in the council cookie sale will be required to pay a surcharge of double the fee for troop/group camping.

Signature of Group Representative

Date

Signature of GS of Washington Rock Council Representative

Date

Please refer to **CAMP LOU HENRY HOOVER PROGRAM FEATURES, FACILITIES AND ACCOMMODATIONS** for information on Fees, How to Reserve a Site, Payment, Refund Policy, Cancellations and other important information.